



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **18920 SOLEDAD CYN RD, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 250-8885**

OWNER OF BUSINESS: **CUIFENG WANG**

CAL. DR. LIC.# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MASSAGE GOOD HAND SPA**

MAILING ADDRESS: **[REDACTED]**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	10/01/15	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/20/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	03/24/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	04/07/16	nlove
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	09/29/15	ddo
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	04/14/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	04/07/16	nlove
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2158.00

8430
ID # 142718

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor-General</u>	Address of Business: <u>18920 Soledad Canyon Rd. CA 91351</u> <i>Santa Clarita</i>	
DBA (Business Name): <u>Massage Good Hand Spa</u>	Business Telephone: <u>661-250-8885</u>	
Mailing Address: [REDACTED]		
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>Wang, Cuiteng</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <u>Sijia Wu@yahoo.com</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: <u>[REDACTED]</u>	Weight: <u>[REDACTED]</u>
Hair Color: <u>BLK</u>		Eye Color: <u>[REDACTED]</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 09/23/2015 Applicant's Signature: Cuiteng Wang

Application taken by: LLG Date: 9-23-15

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18920 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 250-8885

OWNER OF BUSINESS: CUIFENG WANG

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MASSAGE GOOD HAND SPA

MAILING ADDRESS [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: We recommend approval at
this time.

SIGNATURE: D. Hamrick

DATE: 9/28/15

10/13/2015 TUE 11:40 FAX 5612861134 --- Linda Trejo

002/010

Oct 10 2015 17:49 FS 107 6612985044 page 2

10/09/2015 FRI 10:51 FAX 5612861134 --- FS 107

005/005

3232637342

10:30:56 a.m. 10-07-2015

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**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

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KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18020 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 250-8885

OWNER OF BUSINESS: CUIFENG WANG

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MASSAGE GOOD HAND SPA

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 10/10/15

BASIC LICENSE NO. 8430

DATE 09/25/15

IDENTIFICATION NUMBER 142715



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18920 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 250-8885

OWNER OF BUSINESS: CUIFENG WANG

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MASSAGE GOOD HAND SPA

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH
LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

L. Martinez

DATE: _____

3/17/2016

BASIC LICENSE NO. 8430

DATE 01/20/16

IDENTIFICATION NUMBER 142718

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18920 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 250-8885

OWNER OF BUSINESS: CUIFENG WANG

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MASSAGE GOOD HAND SPA

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**REGIONAL PLANNING
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: approval for massage parlor OTCIS-2014

SIGNATURE: Cyph [Signature]

DATE: 9/25/15

BASIC LICENSE NO. 8430

DATE 09/25/15

IDENTIFICATION NUMBER 142718



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

5 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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15-01058

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **18920 SOLEDAD CYN RD, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 250-8885**

OWNER OF BUSINESS: **CUIFENG WANG**

CAL. DR. LIC.# [REDACTED]

7/5/62

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MASSAGE GOOD HAND SPA**

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**SHERIFF FINGERPRINT
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

Approved

SIGNATURE: _____

Wang 536670

DATE: _____

4/5/16

BASIC LICENSE NO. **8430**

DATE **09/25/15**

IDENTIFICATION NUMBER **142718**

9/25

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